Pat Corher BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION REE								ORD	ΑΦ []	Application or Docket Number			
		CLAIMS		(Column 1) (Column 2)				SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
U.S	S. NATIONAL	STAGE FEES					7	RATE	FEE	7	RATE	FEE	
ВА	SIC FEE		SMALL ENT. = \$ 150		ιÀΙ	RGE ENT. = \$ 300	1	BASIC FEE		OR	BASIC FEE	200	
EΧ	AMINATION F	EE		Satisfies PCT Article 33(1)- (4) = \$50/\$100		other situations = \$ 100 / \$ 200	1	EXAM FEE	 	┨┈	EXAM. FEE	000	
SEARCH FEE			U.S. is ISA =	U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400		other situations = \$ 250 / \$ 500	1	SEARCH FEE	 	1	SEARCH FEE	400	
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/ 50 ≐	1	X \$ 125 =		1	X \$ 250 =	1100	
TOTAL CHARGEABLE CLAIMS			20	ninus 20 =			1	X \$ 25 =	 	OR	X \$ 50 =		
INDEPENDENT CLAIMS			1	minus 3 =	• ·			X \$ 100 =	-	OR		 -	
MULTIPLE DEPENDENT CLAIM PRE										-	X \$ 200 =		
* If the difference in column 1 is less than zero, enter "0" in column 2							+ \$ 180 =		OR	+ \$ 360 =	9/2		
2								TOTAL		OR	TOTAL	100	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							•	OTHER THAN SMALL ENTITY OR SMALL ENTITY					
	7/ CLAIMS HIGHEST NUMBER				PRESENT			ADDI-] .	,	ADDI-		
AMENDMENT A	121/06	AFTER AMENDMENT		PREVIOUSLY PAID FOR		EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total	· D	Minus	-1	9	=		X \$ 25=		\OR	X \$ 50 =		
	independent		Minus	··· 7		-		X \$ 100 =		Q _R	X \$ 200\=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+\$ 180 =	1	or\	+ \$ 360 =		
								TOTAL ADDIT.	<u> </u>	OR	YOTAL ADDIT.		
	.,		FEE			FEE							
-		(Column 1) CLAIMS		(Colum		(Column 3)	_						
욻		REMAINING AFTER AMENDMENT		NUMBI PREVIOU PAID FI	ER ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	44		ė	ľ	X \$ 25 =		OR	X \$:50 =		
	Independent	•	Minus	***	•	3	t	X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						r	+ \$ 180 =		OR	+ \$ 360 =		
							ᆫ	OTAL ADDIT.		L	OTAL ADDIT.		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".													
1	he "Highest Num	ber Previously Paid	For" (Total or Ind	lependent) is t	ian '3', he high	enter "3". est number found ir	n the a	appropriate box i	n column 1.				